



U.S. Chung Do Kwan Association, Inc

P.O. Box 1474 Lakeland, FL 33802

Phone: (863) 858-9427 Fax: (863) 858-4437

MEMBERSHIP/I.D. CARD APPLICATION

First Name: _____ Last Name: _____ Middle Initial: > _____

Date of Birth: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Marital Status: _____ Sex: _____ Male _____ Female _____

Occupation: _____ Email Address: _____

TaeKwonDo School: New Heights Fitness

Senior Instructor: Chief Master R.A. Jipping Enrollment Date: _____

In order to receive national credentials your USCDKA membership card must be presented at each belt examination. Your time in training will be recognized only if:

- 1. You keep this membership current**
- 2. You remain actively enrolled in a certified USCDKA school or club.**

The membership fee is \$30 per year, which includes a USCDKA membership card and an official USCDKA membership patch.

The USCDKA headquarters will mail the annual renewal form. Cost at the time of renewal is \$30

Enclosed is my payment for:

☐ **1 year national USCDKA membership\$30**

☐ **3 year national USCDKA membership\$75**

Family Memberships: Each family member must fill out a separate form.

☐ **1 yr Family membership (3 or more immediate family members of the same household).....\$75**

☐ **3 yr. Family membership (same qualifications as above).....\$200**

Payment amount enclosed \$_____.

☐ **check or money order made payable to USCDKA** ☐ **VISA** ☐ **Mastercard**

Name of card holder _____ Credit Card Number _____

4 digit security (usually on the back) _____ Expiration Date _____ Signature _____

I promise to be loyal and trustworthy to the USCDKA and to my Instructor. I understand that I am engaged in a contact sport and agree to hold harmless the U.S. Chung Do Kwan Association, it's members, officers, Instructors, Masters, all schools, and their officials from all damages, costs, injuries, and expenses, however incurred during or as a result of my membership in the U.S. Chung Do Kwan Association.

Applicant Signature _____ **Date** _____

Signature _____ **Date** _____

(Parent or Guardian's Signature if under 18)

Form - 1/1/2005